*SAN JOSE / SANTA CLARA WATER POLLUTION CONTROL PLANT*
*www.sanjoseca.gov/esd/eeforms.htm*

# Wastewater Discharge Permit Application

**For WPCP Use Only** **Inspector**_____

**COMPANY NAME:**_____ **CITY:**_____

Date received: _____ Amount Paid: $_____ Receipt #_____ Permit #:_____

In accordance with the Municipal Code, no Critical User shall connect, discharge, cause, allow, or permit any discharge, into the Sanitary Sewer System except in accordance with a Wastewater Discharge Permit issued by the Director. Critical User means a discharger whose wastewater contains priority pollutants, or who discharges any waste other than sanitary sewage, which has the potential to cause interference, or who discharges in excess of 100,000 gallons per day. A completed permit application and appropriate fee is required to be submitted to this office by all Critical Users.

Municipal Code requires that permit applications, and any other reports required by the Director shall be **signed by an Executive Officer of the business filing the application**. Such Executive Officer shall be at least of the level of Vice President, General Partner, President, or an individual responsible for the overall operation of the facility applying for the Permit, or meet the Federal requirements for NPDES applications as contained in Title 40 of the Code of Federal Regulations.

## A. CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person of persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations."

**CERTIFIED BY***:*

| *Name (please print)* | *Email* | *Title* |
|---|---|---|
| *Signature* | *Date* | *Phone* |

**PREPARED BY***:*

| *Name (please print)* | *Email* | *Title* |
|---|---|---|
| *Signature* | *Date* | *Phone* |

## B. COMPANY INFORMATION

Company Name: _____ Web site: _____

Doing Business As (dba) (if different from above): _____

Business/Mailing Address: _____ ZIP: _____

Discharge Address: _____ ZIP: _____

Telephone (Main): _____ Fax Number: _____

Date Current Operation began: _____ Date Pretreatment Operation began: _____

Assessor's Parcel Number (APN): _____

Total Land Area : _____ sq. ft.

Size of Facility (Please estimate sizes of areas that comprise the facility):
Date of Construction of the Facility began: _____
Manufacturing / Assembly Area _____ sq ft
Wastewater Treatment Area _____ sq ft
TOTAL FLOOR AREA _____ sq ft

### INDIVIDUALS RESPONSIBLE FOR WASTEWATER

**Permit, Inspection, Correspondence**

1) Name: _____ Title: _____ Email: _____

Phone: _____ Cell _____ Pager: _____

**Sampling**
2) Name: _____ Title: _____ Email: _____

Phone: _____ Cell _____ Pager: _____

3) Alternate Contact on site: _____ Title: _____ Email: _____

Phone: _____ Cell _____ Pager: _____

### NATURE OF BUSINESS

Description of business activity, products, or services: _____

_____

_____

Description of fabrication or manufacturing processes: _____

_____

_____

SIC: _____

### PERSONNEL SCHEDULE

| | Office | | First Shift | | Second Shift | | Third Shift | |
|---|---|---|---|---|---|---|---|---|
| | Number | Hours | Number | Hours | Number | Hours | Number | Hours |
| **WEEKDAYS** | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **SATURDAYS** | | | | | | | | |
| **SUNDAYS** | | | | | | | | |

## C. WATER USAGE AND DISCHARGE

*(Data over the past year should be used for all available flows. Engineering estimates may be substituted for new companies with no actual flow data and for waste streams that are not flow metered. The Average influent total should be within 10% of the total of Discharge, Evaporation, and Non-Discharging Flows. Differences of more than 10% must be explained.)*

**INFLUENT FLOWS**

*(Identify all sources of water to your facility. Attach water bills for last year.)*

| Water Account Number or Well Number | Primary Use | Flow in Gallons per Day (GPD) Ave. | Max. |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| Trucked influent (DI or other) | | | |

**Total Influent Flow**: _____ _____

**DISCHARGE FLOWS**

*(Average Wastewater Discharged to the Sanitary Sewer in GPD for last year)*

| | Ave. | Max. |
|---|---|---|
| Process #1 | | |
| Process #2 | | |
| Process #3 | | |
| Scrubber(s) | | |
| **Total Process Wastewater Flow (GPD)** | | |
| Sanitary Usage (Use 15 gallons per day per employee unless metered) | | |
| Cooling Tower Blowdown | | |
| Boiler Blowdown | | |
| Reverse Osmosis Reject Water | | |
| Laundry Facility | | |
| Restaurant/Kitchen/Cafeteria | | |
| Recreational Facilities (e.g. swimming pools, water rides, etc.) | | |
| Other | | |
| | | |
| | | |
| **Total Non-Process Wastewater Flow (GPD)** | | |
| Total Discharge to the Sanitary Sewer (Process + Non-Process) | | |

| **EVAPORATIVE LOSS** | Ave. | Max |
|---|---|---|
| #1 | | |
| #2 | | |
| #3 | | |
| **Total Evaporative Loss (GPD)** | | |

**NON-DISCHARGING WATER USES**

| | Ave | Max |
|---|---|---|
| Irrigation/Landscaping | | |
| Trucked or Hauled Off-site | | |
| Other | | |

## D. ENVIRONMENTAL CONTROL PERMITS

List all other environmental control permits issued to this facility.

| ***Name of Permit*** | ***Permit No.*** |
|---|---|
| EPA – Generator I.D. Number | |
| County of Santa Clara – Environmental Health Permit | |
| County of Santa Clara – Hazardous Waste Generator Permit | |
| Bay Area Air Quality Management District – Permit to Operate | |
| Regional Water Quality Control Board NPDES permit | |
| Local Hazardous Materials Storage Permit (Fire Dept.) | |
| Radioactive Materials License | |
| Biohazard Waste Generation Registration | |
| Other: | |

## D. BUILDING AND PLUMBING LAYOUT, FLOW DIAGRAMS

***All drawings provided shall be 8.5 X 11 size.***

(1) **Plumbing Layout:** On a separate sheet, draw to scale the building and plumbing layout of your facility. Identify the location of sewer laterals, connection points to main sanitary sewer, wastewater process connections, city water meters and incoming water lines, storm drains, influent / effluent flow meters and any sampling points. Identify street locations, and N ?on all drawings.

(2) **Pretreatment System:** On a separate sheet, sketch your pretreatment system(s), if applicable. Show the routing of process waters from each wastewater-generating process to the treatment system that will address it. For example: high-pH rinses to pH-adjust, heavy metals wastestream to precipitation system, or kitchen wastes to a grease interceptor. Provide a list of treatment chemistry used. Show the flow of treated water from the treatment system to the sanitary sewer. Indicate all monitoring equipment, pH recorders, flow meters, ORP meters, sample points, etc.

(3) **Block Flow Diagram:** On a separate sheet, draw a simple block diagram showing the flow of water, materials, and chemicals from start to final discharge point for each activity that generates wastewater. Indicate average flow in gallons per day for each line. Identify all unit processes (blocks) and number these to correspond to numbers identifying processes on the building and plumbing layout. (See Block Flow Example, Page 6)

## F. WASTEWATER CHARACTERISTICS

(From the following list of wastewater characteristics, check those that apply to the wastewater generated in this facility **prior** to pretreatment.) **Please check all that apply.**

| | |
|---|---|
| _____ Flammable | _____ Particles Larger Than 3/4" |
| _____ Toxic Substances | _____ Suspended Solids |
| _____ Acidic, pH < 5.0 | _____ High Biological Oxygen Demand (BOD) |
| _____ Caustic, pH > 12.5 | _____ Ammonia |
| _____ Heavy Metals | _____ Grease/Oil/Fats |
| _____ Solvents | _____ Temperature > 150 degrees F |

_____ Solid or Viscous Matter _____ Other (specify)

_____ Petroleum Products _____ _____

Does your facility's production and/or discharge have seasonal variation? **YES** **NO** (circle one)
If yes, describe the cause of the seasonal variation and the approximate dates when the variation occurs.

_____

## G. PRETREATMENT

Check the pretreatment methods used in your facility. Indicate rated flow for each pretreatment method checked, and label the facility diagram accordingly.

| | | Capacity | | | Capacity |
|---|---|---|---|---|---|
| _____ | Clarifier or Interceptor | _____ | _____ | Biological Treatment | _____ |
| _____ | pH Adjustment | _____ | _____ | Air Stripper/Scrubber | _____ |
| _____ | Ion Exchange | _____ | _____ | Chemical Precipitation | _____ |
| _____ | Grease or Oil Separation | _____ | _____ | Cyanide Destruction | _____ |
| _____ | Electrolytic Recovery | _____ | _____ | Chromium Reduction | _____ |
| _____ | Wastestream Segregation (Including solvents) | | _____ | Ozonation | _____ |

_____ Filtration: ( ) Screen ( ) Bag ( ) Filter Press

_____ Silver Recovery: _____

_____ Other: _____

Describe each pretreatment system checked above and evaluate the pretreatment equipment to determine whether the treatment system is adequate to ensure compliance with the Federal and local limits.( e.g. design capacity, physical size, loading rate, etc.).
If no pretreatment exists, please explain. (Please attach additional sheets if necessary.)

_____

_____

_____

**Is your treatment system adequate to achieve compliance with Federal and local discharge limits**?

☐ **YES** ☐ **NO** If yes describe how this evaluation was done. Evaluation should address treatment system capabilities, flow rates, pollutant loadings, and maintenance.

Explain how compliance is verified at each sample point.
(e.g. In-house testing, certified outside lab, etc.):

_____

_____

_____

**If wastewater is treated and/or discharged in batches, complete the following for each of these wastestreams:**

Number of batches discharged per year / month / week / day ... (circle one): _____

Average volume per batch: _____ gallons

Other comments on batch treatment, including material treated and treatment technology:

_____

_____

_____

## SAMPLING AND MONITORING

After pretreatment (if used), can wastewater streams be sampled prior to mixing with other waste streams? ☐ YES ☐ NO ☐ Not Applicable

If "NO" please explain: _____

_____

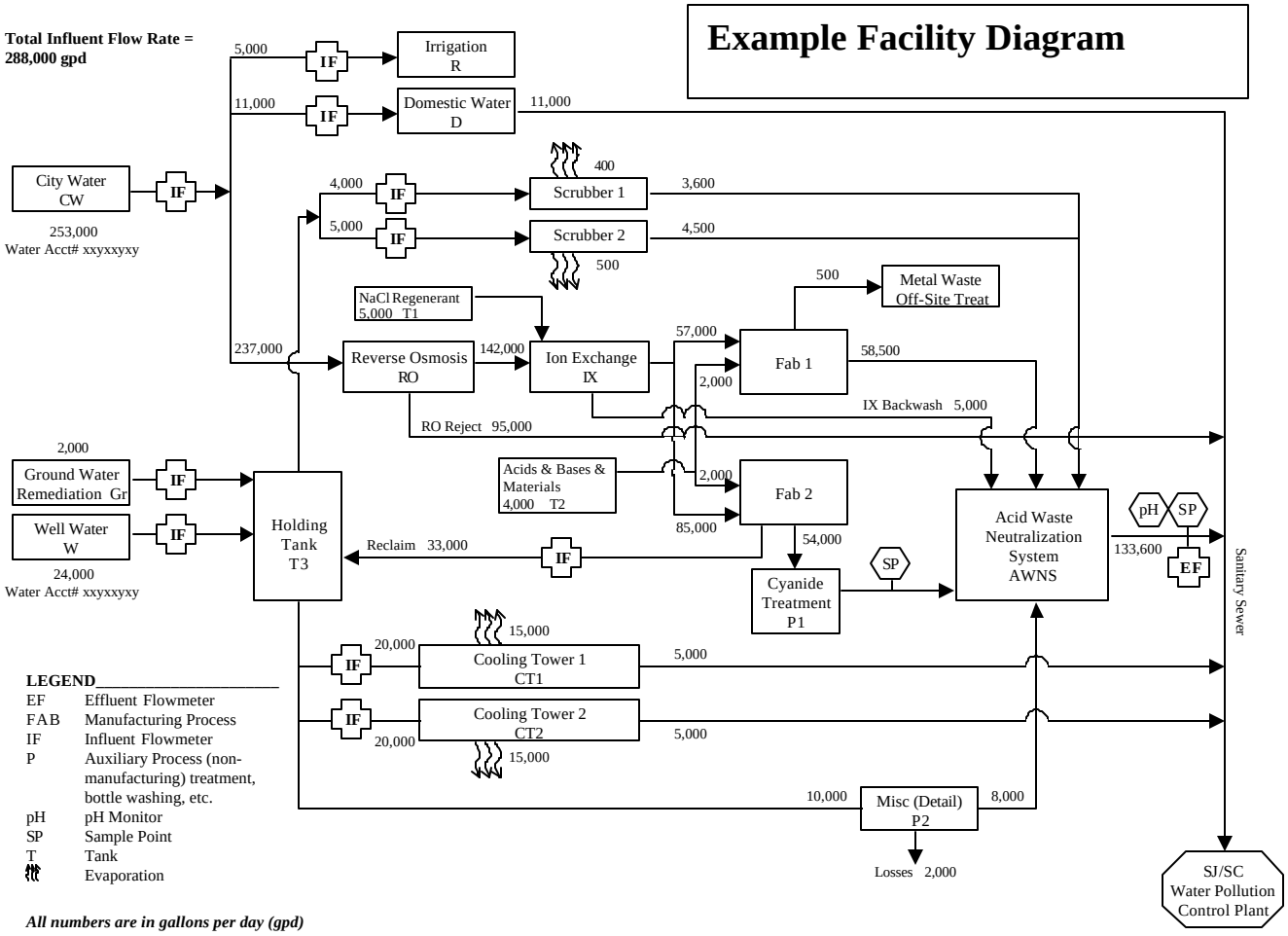
_____

Provide a written description of each sampling/monitoring location including the name of the room it is in, which wall (North/South/East/West), and what equipment it is located near.

Describe the wastewater discharge monitoring practices for your facility. Include the type of analytical tests and/or methods to be used, the frequency of testing, and the name of the person(s) who will perform the tests . Attach analytical data if available. Enclose a copy of any logs, check lists, forms, etc., which are maintained.

List sampling and monitoring equipment in place at your facility:

**Use average gpd flows over the previous 12 months for the facility diagram.**



- COMPLETE THIS SECTION FOR EACH TYPE OF WASTE **NOT** DISCHARGED TO THE SANITARY OR STORM SEWERS. USE A SEPARATE FORM FOR EACH TYPE OF WASTE (e.g. Spent Silver Bearing Solutions, Mercury Wastes, Solvents, Medical Wastes, etc.).
- **Do not include wastes sent to sanitary landfill such as trash and garbage.**

## H. NON-DISCHARGED WASTE STREAM(s)

Identify the waste (e.g. spent chemical, treatment sludge, medical waste, etc.) and the process that generates the waste. _____

_____

_____

Physical state of the waste (liquid, sludge, slurry, etc.): _____

Brief characterization of waste (list hazardous ingredients and attach supporting MSDS or lab analysis):

_____

_____

Rate of waste generation in terms of quantity per day, week, month, or quarter: _____

**ON-SITE STORAGE**

Method of Storage: _____

Typical Volume Stored: _____ Typical Length of Time in Storage: _____

**Is Storage Site Secondarily Contained?** **( ) Yes** **( ) No**

**Are there provisions for Surface Drainage Collection?** **( ) Yes** **( ) No**

(If you answered "yes" to either question above, please describe provisions for secondary containment and/or surface drainage collection.) _____

_____

**TRANSPORTATION**

Name of Waste Hauler: _____ EPA No. _____

Address: _____
Street City State Zip Phone

**DISPOSAL**

Name of Waste Hauler: _____ EPA No. _____

Address: _____
Street City State Zip Phone

Method of Disposal (e.g. recycled, land disposal, incineration, etc.): _____

## I. SPILL PREVENTION AND CHEMICAL MANAGEMENT PLAN

**NOTE:** In addition to completing this section you may submit a copy of your facility's approved Hazardous Materials Management Plan (HMMP).

**YOU ARE REQUIRED TO HAVE A SPILL PREVENTION PLAN**

Describe your facility's procedures for assuring that concentrated or prohibited chemicals do not spill or leak into the wastewater. (e.g. segregation controls, hard plumbing, etc.) Provide extra sheets if necessary.

Do you maintain a spill log? Yes: _____ No: _____

Does your plan include notifying the POTW in the event of a spill, bypass or an upset? (Required by Law)
Yes: _____ No: _____

Describe your facility's Employee Training Program for Chemical Handling:

Describe your facility's Emergency Response Procedures in the event of a spill:

Describe your facility's disposal procedures for miscellaneous floor water:

Describe additional Pollution Prevention and Waste Minimization Practices, including measures taken to reduce pollutants and flow. Some examples are flow restrictors, counter current rinse systems, drag out reduction methods, or using alternative less toxic chemistry:

Describe disposal of any hauled wastes from spills:

Describe any other water conservation practices in place:

Some federal categories allow certification in lieu of testing for TTOs. In order to certify, a Solvent Management Plan is required. Complete and submit your Solvent Management Plan. Please see attached guidelines.

## J. QUANTITIES OF CHEMICALS STORED & USED

(Usage in pounds or gallons per month, please indicate units of measure)

| Stored | Used | Acids |
|---|---|---|
| | | Hydrochloric (Muriatic) |
| | | Hydrofluoric |
| | | Nitric |
| | | Sulfuric |
| | | Other (specify) |
| | | _____ |
| | | _____ |
| | | **Alkalis** |
| | | Ammonia |
| | | Calcium Hydroxide (Lime) |
| | | Sodium Hydroxide (Caustic Soda) |
| | | Magnesium Hydroxide |
| | | Other (specify) |
| | | _____ |
| | | _____ |
| | | **Metals & Compounds** |
| | | Antimony |
| | | Barium |
| | | Beryllium |
| | | Cadmium |
| | | Chromium |
| | | Copper |
| | | Lead |
| | | Manganese |
| | | Mercury |
| | | Nickel |
| | | Selenium |
| | | Silver |
| | | Zinc |
| | | Other (specify) |
| | | _____ |

| Stored | Used | Solvents |
|---|---|---|
| | | Acetone |
| | | Alcohols |
| | | Chlorinated Hydrocarbons |
| | | Ketones |
| | | Petroleum Solvents |
| | | Toluene |
| | | Xylene |
| | | Other (specify) |
| | | _____ |
| | | **Organic Compounds** |
| | | Aldehydes |
| | | Algaecides |
| | | Formaldehydes |
| | | Herbicides |
| | | Pesticides |
| | | Phenols |
| | | Surfactants |
| | | Other (specify) |
| | | _____ |
| | | _____ |
| | | **Misc. Chemicals** |
| | | Boron |
| | | Chlorine |
| | | Cyanides |
| | | Dyes |
| | | Fluorides |
| | | Peroxides |
| | | Sulfides |
| | | Other (specify) |
| | | _____ |
| | | _____ |
| | | _____ |

### TRADE CHEMICALS

**List other chemicals stored or used, including over-the-counter chemicals** (e.g. Jasco paint stripper, pesticides, motor oil, etc.) in pounds or gallons per month **for which chemical compositions are unknown or proprietary.** Include an MSDS for each item listed where possible. Please indicate units of measure.

| Stored | Used | Trade Name | Distributor (Name & Address) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## K. TOXIC SUBSTANCES/POLLUTANTS (EPA Priority Pollutants)

(From the following list of Total Toxic Organic (TTO) pollutants, check all those, which are either used in your facility, generated in your facility, or are stored on the premises.)

_____ Acenaphthene
_____ Acrolein
_____ Acrylonitrile
_____ Aldrin/Dieldrin
_____ Benzene
_____ Benzidine
_____ Carbon Tetrachloride
_____ Chloronated benzenes
_____ Chloroalkyl ethanes
_____ Chlorinated ethanes
_____ Chloroalkyl ethers
_____ Chlorinated naphthalene
_____ Chlorinated phenols
_____ Chloroform
_____ 2-chlorophenol
_____ DDT and metabolites
_____ Dichlorobenzenes
_____ Dichlorobenzidine
_____ Dichloroethylenes
_____ 2,4 – dichlorophenol
_____ Dichloropropane & dichloropropene
_____ 2,4-dimethylphenol
_____ Dinitrotoluene
_____ Diphenylhydrazine*
_____ Enosulfan and metabolites
_____ Endrin and metabolites
_____ Ethylbenzene
_____ Fluoranthene
_____ Haloethers
_____ Halomethanes
_____ Heptachlor and metabolites
_____ Hexachlorobutadiene
_____ Hexachlorocyclohexane
_____ Hexachlorocyclopentadiene
_____ Isophorone
_____ Naphthalene
_____ Nitrobenzene*
_____ Nitrophenols
_____ Nitrosamines
_____ Pentachlorophenol
_____ Phenol
_____ Phthalate esters
_____ Polychlorinated biphenyls (PCBs)
_____ Polynumclear aromatic hydrocarbons
_____ 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD)
_____ Tetrachloroethylene
_____ Toluene
_____ Toxaphene
_____ Trichloroethylene
_____ Vinyl chloride

## L. PERMIT CLASSIFICATIONS AND FEES

**THIS WASTEWATER DISCHARGE PERMIT APPLICATION MUST BE SUBMITTED TO SOURCE CONTROL AT THE ADDRESS BELOW AND ACCOMPANIED BY THE APPROPRIATE FEE. Make checks payable to the City of San Jose. Please note that late fees apply to permit renewals; 50% fee if past expiration date, 100% fee if more than 30 days late.**

**Please send the Permit Application with the appropriate fee to; Senior Environmental Inspector, Environmental Services Department, Source Control, 170 W. San Carlos Street, San Jose, CA 95113.**

**Call (408) 945-3000 for questions about completing the application.**

The following Permit classifications have been established for new Permits or for the renewal of existing Permits:

**GROUP 1 - DISCHARGE PERMIT APPLICATION - FEE: $1,400**

Any Critical User/Industrial User which typically uses copper or nickel as part of its operational process and which discharges Industrial Wastes into the Sanitary Sewer System containing nickel in excess of 0.005 mg/l or copper in excess of 0.05 mg/l, and whose discharge contains in excess of 0.04 pounds per day (ppd) nickel or 0.09 ppd copper.

**GROUP 2 - DISCHARGE PERMIT APPLICATION - FEE: $1,050**
All industrial Critical Users, other than Group 1 and Group 3 Dischargers.

**GROUP 3 - DISCHARGE PERMIT APPLICATION - FEE: $560**
All Critical Users/Industrial Users, other than a Group 1 Discharger, which does not typically use copper or nickel as part of its operational process, and whose average Process Flow is less than one thousand (1,000) gallon per day.

**PERMIT APPLICATION FOR GROUP RECLASSIFICATION OR REVISION OF MAXIMUM EQUIVALENT CONCENTRATION LIMIT (MECL) - FEE: $560**

**WASTEWATER DISCHARGE PERMIT APPLICATION - FEE: $1,050**
All non-industrial Critical Users.